

<b>Utility</b> <b>Patent Application</b> <b>Transmittal</b> <small>(only for nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	SUND 282 C1	DATE	November 4, 2003
	Inventor(s): Ying Lang CHUANG			

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>Commissioner for Patents</b> ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450		
<p>1. <input checked="" type="checkbox"/> Fee Determination Record  (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 25]  (preferred arrangement set forth below) <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 9]</p> <p>4. Oath or Declaration [Total Sheets 2] <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR .63(d)  (for continuation/divisional with Box 17 completed)) </li> </ul> </p> <p style="text-align: center;">[Note Box 5 below]</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked)  The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>				
<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission  (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p>				
<b>ACCOMPANYING APPLICATION PARTS</b>				
<p>8. <input checked="" type="checkbox"/> Assignment Papers (previously filed cover sheet &amp; document(s)) (5 pages)</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney  (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired</p> <p>15. <input checked="" type="checkbox"/> Copy of Certified Copy first page of Priority Document (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other: _____</p>				

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No.: 10/082,331

**18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23995 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below
NAME	Steven M. Rabin (Reg. No. 29,102) - Rabin & Berdo, P.C. 	
ADDRESS		
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COUNTRY	TELEPHONE	(202) 371-8976 FAX (202) 408-0924

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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

SUND 282e1

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	18 minus 20 = * 0	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 = * 1	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEES
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	FEES
	\$ 770
x \$ _____ =	
x _____ =	
+ _____ =	
OR TOTAL	856

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
						RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

TOTAL ADDIT. FEE

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
OR TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
						RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

TOTAL ADDIT. FEE

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
OR TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
						RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

TOTAL ADDIT. FEE

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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